



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

April 13, 2007

Christopher Moore, Administrator  
Hancock House - CTM Enterprises  
9622 West Silverbirch Street  
Boise, ID 83709

License #: RC-750

Dear Mr. Moore:

On January 3, 2007, a life safety code survey was conducted at Hancock House - CTM Enterprises. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

Taylor Barkley  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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January 11, 2007

Christopher Moore, Administrator  
Hancock House - CTM Enterprises  
9622 West Silverbirch Street  
Boise, ID 83709

Dear Mr. Moore:

On January 3, 2007, a life safety code survey was conducted at Hancock House - CTM Enterprises. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 2, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

|  |  |   |  |  |
|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                        |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>13R750</b>          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - ENTIRE BUILDING</b><br>B. WING _____                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/03/2007</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HANCOCK HOUSE - CTM ENTERPRISES</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1322 HANCOCK DR<br/>BOISE, ID 83706</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| R 000  | <p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on January 03, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley<br/>Health Facility Surveyor<br/>Facility Fire safety &amp; Construction</p> | R 000   |  |  |

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

TQWK21

If continuation sheet 1 of 1



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ASSISTED LIVING  
Non-Core Issues  
Punch List

|   |   |                                     |
|---|---|-------------------------------------|
| Facility Name<br><b>HANCOCK HOUSE</b>       | Physical Address<br><b>1322 HANCOCK Drive</b> | Phone Number<br><b>208-344-9044</b> |
| Administrator<br><b>Chris Moore</b>         | City<br><b>Boise Id</b>                       | ZIP Code<br><b>83706</b>            |
| Survey Team Leader<br><b>TAYLOR BARKLEY</b> | Survey Type                                   | Survey Date<br><b>1-3-7</b>         |

NON-CORE ISSUES

| ITEM # | RULE #<br>16.03.22 | DESCRIPTION   | DATE<br>RESOLVED | BFS<br>USE |
|--------|--------------------|---|------------------|------------|
| 1      | 250.10             | Hot water. The facility has a hot water temperature of 150.4°F.                               |                  |            |
| 2      | 415.03             | The Last Annual fire extinguisher inspection was April 2005.                                  |                  |            |
| 3      | 415.04             | The Last Annual fire Alarm inspection was 8-22-05.  |                  |            |
| 4      | 410.02             | The facility did not conduct Fire drills for the previous twelve months as required.          |                  |            |
| 5      | 405.01.b           | Extension cords. The part time staff room had an extension cord in use powering a television. |                  |            |
| 6      | 405.05.F           | The part time staff room and the live in staff room both had portable space heaters in use.   |                  |            |

|  |   |                                |
|--|---|--------------------------------|
| Response Required Date<br><b>2-3-7</b> | Signature of Facility Representative<br> | Date Signed<br><b>01/03/07</b> |
|--|---|--------------------------------|



**BUREAU OF FACILITY STANDARDS**  
**P.O. Box 83720**  
**Boise, ID 83720-0036**  
**(208) 334-6626 fax: (208) 364-1888**

## ASSISTED LIVING

### Non-Core Issues

### Punch List

|                    |                    |              |
|--------------------|--------------------|--------------|
| Facility Name      | Physical Address   | Phone Number |
| HANCOCK HOUSE      | 1322 HANCOCK Drive | 208-344-9044 |
| Administrator      | City               | ZIP Code     |
| Chris Moore        | BOISE ID           | 83706        |
| Survey Team Leader | Survey Type        | Survey Date  |
| Taylor Barkley     |                    | 1-3-7        |

## NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

Date Signed \_\_\_\_\_

2-3-7

Signature of Facility Representative

01/03/07